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CONFIRMATION NO. 2552

Bib Data Sheet

SERIAL NUMBER 10/735,573	FILING OR 371(c) DATE 12/12/2003 RULE	CLASS 700	GROUP ART UNIT 2121	ATTORNEY DOCKET NO. 24.352
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## APPLICANTS

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\*\* CONTINUING DATA *(S)* \*\*\*\*\*\*\* FOREIGN APPLICATIONS *(S)* \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 03/25/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	CO	9	111	8
Verified and Acknowledged	<i>(Signature)</i> Examiner's Signature <i>(Initials)</i> Initials				

## ADDRESS

28785

## TITLE

Virtual operating room integration

FILING FEE RECEIVED 2838	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other <input type="checkbox"/> Credit
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